## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

. PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

521818

(5)

FIVE MASTER'S CORPORATION

Principal Place of Business Mailing Address

RT.2. BOX 389E HAWTHORNE FL 32640 RT.2. BOX 389E HAWTHORNE FL 32640



			2040				
					<ol> <li>Date incorporated or Qualified 01/10/1977</li> </ol>	3a. Date of Las	t Report <b>//1995</b>
		T.A. Madage Address	.,		4. FEI Number	1 04/10	Applied For
- Principal Pla I	ice of Business	2a. Mailing Address 26			59-2519842	-	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
27]		1					Be Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
		28			Trust Fund Contribution		ided to Fees
Zipi	Country	Zip	Country	У	8. This corporation has liability for it Florida Statutes Yes		rs 199.032,
	[25]	29 Againtered Agent	30		10. Name and Address of New R		
	9. Name and Address of Curren	Hegistered Agent	81	Name	IO. Mario dita ricordo		
DIQUIADDONI QUADI FO					IDO Co. Marky is Net Assessable)		
RICHARDSON, CHARLES RT.2, BOX 389E			82	82 Street Address (P.O. Box Number is Not Acceptable)		HO)	
	BUX 389E HORNE FL 32640		63				
ПАМП	NURNE FL 32040		84 Crtv			<b></b> 85	Zip Code
				1 1	oration submits this statement for the pur ard of directors. I hereby accept the appo		•
SNATURE .	Styrmfore, typied or printed many, of regulated agent		NOTE Registered Age	ad signature require		DATE	TODO N. 10
	OFFICERS AND		13.	····	ADDITIONS/CHANGES TO OFF		
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.'I	RICHARDSON, THERESA		1 2 NAME				
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	S RICHARDSON, ROBERT D.	DELETE	2 1 TITLE 22 NAME			☐ Char	nge 🔲 Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(K). Fiorida Statutes Fruther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ends Rehordsin agentally and of SIGNING OF S

2/20/96

481-3619 Daytine Phone #